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STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Platinum Transportation Services LLC dba Platinum Express Transport	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 1999 - 202 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned		
(Please type or print)	Telephone: 803-469-4944		
Submitted by: Willie Funnye	903.775.4620		
Address: 515 Broad Street			
Sumter, South Carolina 29150	Other: Email: willbfunn@gmail.com		
	N (Check all that apply)		
Application - Class A/A Restricted	Request for Name Change on Certificate		
Application - Class C Taxi	Request to Amend Scope of Authority		
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)		
Application - Class C Charter Bus	Request to Amend Passenger Limit		
Application - Class C Non-Emergency	EIVE Request		
Application - Class C Stretcher Van	≥ € ∠((f)!)		
	SC SC Late-Filed Exhibit		
Application - Class E Hazardous Waste	TING DEPT Letter		
Application	Proposed Order		
Request for Extension to Comply with Order	Publisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter		
of Public Convenience and Necessity to be Rescinded	Response		
Request for Cancellation of Certificate	Return to Petition		
Request for Suspension	Other:		
Request for Reinstatement			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5109:

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	or without trade name.
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or	
Platinum Transportation Services LLC dba Platinum Express Transport	
515 Broad Street, Sumter, South Carolina 29150	
Street Address of Applicant	
Mailing Address of Applicant if different from street address	
803-469-4944 803-775-4620)
Phone Fax	
willbfunn@gmail.com	
Email Address	
2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of Secretary of State "Foreign Corporation" Certificate.)	of SC, attach SC
3. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship	
Partnership - List names and address of all person having an interest in the business.	
Willie Funnye President	
Carol Funnye Vice-President	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month October Year 2009

Assets:

5500.00
1550.00
0
0
60000.00
500.00
400.00
67950.00
3800
3800
53000
11150
64150
67950

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:
\$62.00 per hour
Counties to be Served:
Sumter, Clarendon, Lee, Kershaw, Calhoun
Maximum Number of Passengers per Vehicle: 7 passengers
· Ł

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
Dodge	2001 Caravan		3400	7
Honda	1999 Odyssey		3400	7

^{*} Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

Oct-01-2009 15:15

From-ZEBRA CUSTOM DESIGN

4808 776 4620

7-751 P.002/002 F-687

INSURANCE OUOTE

The following insurance quote is for:
Flatsnum Kansporter Cornes, LC
(Name of Motor Carrier)
(Address of Motor Carrier)
"Note: Bodily injury and property damage limits will not be less than the following:
a. Liability Combined Each Occurrence 51,000,900 b. Medical Payments/Each Person \$1,000
Anount of Premium:
Liability Insurance 44295 co
The above quoted premiums are for a term of
Discover Property: Canalty
S Restaurance Company Name) 5 Restaurance Company Name)
(Homs Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is surbotized by the South Carolina Department of Insurance to do business in South Carolina.

(Amhorized Insurance Company Representative)

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:		
Platinum Transportati	ion Services LLC dba Platinum	n Express Transport
	Name of Motor Carrier	
515 Broad	Street, Sumter, South Carolin	a 29150
	Address of Motor Carrier	
Amount of Premium:		
Liability Insurance \$ 4295.00		
The above quoted premium is for a term of Minimum Limits - Bodily injury and prop		
than the following:	\$ 1,000,000	Limits Quoted
Liability Combined Each Occurance Medical Payments per Person	\$ 1,000,000	
	Discover Property & Casualty	
N	Name of Insurance Company	
	tom Park, Farmington, CT 06	
Hon	ne Office Address of Company	,
I am familiar with the Commission's Rules and meets the minimum insurance limits prescribe South Carolina Department of Insurance to de	ed. The insurance company ma	
10-10-09	Copy of Que	
Date	Authorized Insurance Compan	y Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Platinum Transportation Services LLC dba Platinum Express Transport							
Name							
	U.S.D.O.	T No.				ICC No.	
	urrently any outs		lgments agains	t the Applica	ant?		
O Yes	ndicate nature of	No iudgement	(s) against ann	licant.			
ii ies, ii	idicate nature or	juugemenu	(s) agamst appi	iivaiit.			
carrier of	ant familiar with perations in South and regulations?	all statutes 1 South Ca	s and regulation rolina, and doe	ns, including s Applicant	safety regula agree to oper	ations and gove ate in compliar	erning for-hire motor ace with these
Yes		O No					
3. Is Applic	eant aware of the	Commissio	on's insurance i	requirements	s and the insu	rance premium	costs associated
• Yes		O No					

Exhibit on Driver Qualifications

Cr	KC	ertificate or its equi	vale	vers must possess at least a current American Red Cross Standard First Aid and nt, and records that verify/record such training must be kept on file at the business within South Carolina.
	⊙ \	Yes	С) No
2. Ap	plica	int understands that	driv	ers must be in compliance with all OSHA regulations.
(⊙ Y	l'es	0	No
3. Ap	plica o-way	nt understands that y radios, first-aid ki	driv ts, fi	ers must be trained in the use of all vehicle installed safety equipment such as re extinguishers, and other equipment as outlined in PSC Regulations.
(⊙ Y	es	0	No
4. App	plica h disa	nt understands that abilities, including	drive whee	ers must be able to physically perform actions necessary to assist persons elchair users.
(Y	es	0	No
5. App easi	olicar ly ide	nt understands that centifies the driver a	drive nd tl	ers must wear a professional uniform and photo identification badge that ne company for whom the driver works.
•) Y	es	0	No
OI Sa	arety,	t understands that d and records that ve within South Carol	erify	rs must complete twelve (12) hours of in-service training annually in the area /record such training must be kept on file at the company's primary place of
•) Ye	es	0	No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTI		
COUNTY OF	Sumter	Applicant's Signature
ī	Willie Funnye	Owner
I,	Name of Applicant's Representative	Title
of	Platinum Transportation S	ervices dba Platinum Express Transport
01		Applicant
the Applicant fo affirm that all sta	r the Certificate of Public Convenie atements contained in the above app	nce and Necessity as set forth in the foregoing, swear or lication are true and correct.
		Wille Funne
	•	Signature of Applicant's Representative
This 21+2 d	N TO BEFORE ME ay of October, 20159	
Notary Public	vano mamalla	
Commission Expire	s 2/14/2014	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PLATINUM TRANSPORTATIONSERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 6th, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of January, 2009

Mark Hammon O

Mark Hammond, Secretary of State